



AF/1616 ~~FFW~~

Atty. Dkt. No. 030307-0220

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Morten Sloth WEIDNER

Title: NOVEL COMPOSITION
CONTAINING EXTRACTS OF
BUTYROSPERMUM PARKII
AND THE USE OF SUCH A
COMPOSITION FOR
PREPARING A MEDICAMENT
OR A DIETARY SUPPLEMENT
FOR THE TREATMENT OR
PREVENTION OF
INFLAMMATION,
HYPERSENSITIVITY OR PAIN

Appl. No.: 09/613,468

Filing Date: 7/10/2000

Examiner: Sharmila S. Gollamudi

Art Unit: 1616

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated February 19, 2004, finally rejecting Claims 1-9, 17-18, and 26-38.

☒ [X] Applicant claims small entity status.

☒ [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ [X] Notice of Appeal Fee

08/25/2004 CNGUYEN 00000001 09613468

01 FC:2401
02 FC:2253

165.00 OP
475.00 OP

08/20/2004 CNGUYEN 00000031 09913468

Adjustment date: 08/25/2004 CNGUYEN 00000001 09613468
08/20/2004 CNGUYEN 00000031 09913468
01 FC:2401 -165.00 OP
02 FC:2253 -475.00 OP

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$950.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1280.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$640.00
	TOTAL FEE:	\$640.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$640.00 . A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$640.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/19/04

By *Todd Smiley* #55,638
for

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